

Table Details of trial with clotrimazole in 47 patients

| Course | No. of patients | | | |
|-----------|-----------------|------------------|----------------------|------------------------|
| | Began course | Completed course | Successfully treated | Unsuccessfully treated |
| Three-day | 19 | 16 | 15 (93.8%) | 1 |
| Six-day | 28 | 23 | 17 (73.9%) | 6 |
| Total | 47 | 39 | 32 (82.1%) | 7 |

measure against relapse. In view of this the standard treatment that we have adopted in this clinic is to give two clotrimazole (Canesten) pessaries for vaginal insertion at night for six consecutive nights.

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References

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Masterton, G., Napier, I. S., Henderson, J. N., and Roberts, J. E. (1977). Three-day clotrimazole treatment in candidal vulvovaginitis. *British Journal of Venereal Diseases*, 53, 126-128.

TO THE EDITOR, *British Journal of Venereal Diseases*

Sarcoptes scabiei infestation treated with malathion liquid

Sir,

We have recently carried out a preliminary study evaluating the use of 0.5% malathion liquid in the treatment of sarcoptes scabiei infestation. Treatment was given and followed up in 30 cases, all of which were included in the study. Diagnosis was made by the demonstration of the mite from the burrows. Malathion 0.5% would appear to be an alternative treatment for scabies (*Merck Index*, 1976).

A total of 127 consecutive male and female patients with clinical characteristics of sarcoptes scabiei infestations were examined for the presence of mite and ova. Mites were demonstrated in 41 of these patients by the following technique. Burrows seen on the hands were moistened by liquid paraffin and gently scraped with a blunt scalpel. The scrapings were spread on a glass slide, covered with a glass cover, and examined under the low power of the microscope for mites and ova.

After diagnosis 0.5% malathion liquid was prescribed and the patients were instructed to have a hot bath, thoroughly

scrubbing the skin, and to apply 0.5% malathion liquid (Derbac, Bengue) carefully to all the skin below the neck. The same clothing was worn for a further 24 hours when, after another bath, under-clothing and bed linen were changed. Clothing was disinfested by ordinary laundering or dry cleaning and hot-iron pressing. Systemic and local antibiotics were prescribed for patients who had secondary infections and calamine lotion for those who complained of itching after completing the treatment.

Patients were seen at seven-day intervals, after the initial visit, for reassessment and further treatment as required. They were also advised about any recent close social and sexual contacts and, those who complained of itching were investigated and treated. Side effects were listed by indirect questioning at the follow-up visit, and further clinical examinations were carried out to assess the efficacy of treatment.

Twenty-nine patients were adequately followed up and were included in the trial; of these 18 were men and 11 women. As one of the patients was treated twice the total number of cases treated was 30 (Table). Patients' ages ranged from 18 to 44 years. Most had a history of symptoms for less than a month; in 13 instances family and sexual contacts were also infected.

The skin symptoms persisted after the burrows and mites had disappeared. At the end of the treatment, five patients were still affected with burrows or mites or both. After one of these patients had been treated again the number of failures was reduced to four. Of these four failures one patient refused to bring his contacts for treatment.

This preliminary study with an 83% cure rate indicates that malathion 0.5% is an acceptable alternative treatment for sarcoptes scabiei infestation. These results would also appear to justify a double-blind clinical trial against the usual medication.

We are grateful to Dr R. R. Willcox for allowing us to study his patients and would like to express our thanks to Sister S. M. Conley and her nursing staff for their help in this study. The 0.5% malathion liquid was supplied by Syntex Pharmaceuticals Limited.

Yours faithfully,

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Table Clinical findings in the 30 cases of sarcoptes scabiei studied

| Examination | No. of cases seen | Clinical findings | | | | | | | | | |
|------------------|-------------------|-------------------|-----|-------|-----|---------|-----|-----------|----|------|----|
| | | Burrows | | Mites | | Papules | | Scratches | | None | |
| | | No. | % | No. | % | No. | % | No. | % | No. | % |
| At initial visit | 30 | 30 | 100 | 30 | 100 | 30 | 100 | 29 | 97 | 0 | 0 |
| At one week | 20 | 1 | 5 | 1 | 5 | 9 | 45 | 7 | 35 | 6 | 30 |
| At two weeks | 16 | 0 | 0 | 0 | 0 | 3 | 19 | 2 | 12 | 12 | 75 |
| At three weeks | 23 | 3 | 13 | 2 | 9 | 5 | 22 | 5 | 22 | 16 | 70 |
| At final visit | 30 | 3 | 10 | 3 | 10 | 5 | 17 | 5 | 17 | 20 | 67 |

References

- Merck Index* (1976). Ninth edition. 5526. Merck and Co, Inc.